

# COUNTY OF SUFFOLK



**STEVE LEVY**  
SUFFOLK COUNTY EXECUTIVE

Bruce Dragonette, Director

Office of Consumer Affairs

## **BEFORE COMPLETING YOUR COMPLAINT FORM, PLEASE READ THE FOLLOWING INFORMATION ABOUT SOME PROBLEM AREAS THAT ARE NOT IN OUR JURISDICTION:**

### **Auto Dealerships (Contract Disputes & Lemon Law), Gyms/Spas/Karate Schools** **Internet Fraud, Modeling Agencies**

New York State Attorney General  
300 Motor Parkway, Suite 205  
Hauppauge, New York 11788  
(631) 231-2400/2401

### **Credit Cards/Credit Reporting Agencies,** **Collection Agencies (Debt Collection),**

Federal Trade Commission (FTC)  
NE Regional Office  
1 Bowling Green, Suite 318  
New York, New York 10004  
(212) 607-2814 or (877) 382-4357

### **Identity Theft**

Identity theft is a crime and should be reported to the Suffolk County Police Department

### **Cellular Phone Service, Cable TV Service,** **Satellite TV, LIPA**

New York State Consumer Protection Board  
5 Empire State Plaza – Suite 2101  
Albany, New York 12223-1556  
(518) 474-8583 or (800) 697-1220

### **Auto Repair Shops, Inspections**

New York State Department of Motor Vehicles  
Division of Vehicle Safety Services  
Bureau of Consumer & Facility Services  
P. O. Box 2700 ESP  
Albany, New York 12220-0700  
(518) 474-8943 or (800) 342-5368

### **Architects, Accountants, Chiropractors, Dentists,** **Nurse Practitioners, Optometrists, Optical Shops,** **Pharmacies, Physical Therapists, Podiatrists,** **Psychologists, Veterinarians**

Office of Professional Discipline  
(New York State Education Department)  
Attention: John McGoldrick  
Supervising Investigator  
1121 Walt Whitman Road  
Melville, New York 11747  
(631) 425-7758

### **Beauty Parlors, Cosmetology, Hair Dressers, Hair** **Waxing, Barbers, Nail Salons, Tanning Salons, Real** **Estate Brokers/Salesmen/Appraisers, Home** **Inspectors, Security Guards, Notary Public, Private** **Investigators, Hearing Aid Dealers**

New York State Department of State  
Complaint Review Office  
123 William Street, 19<sup>th</sup> Floor  
New York, New York 10038  
(212) 417-5790

Also not in our jurisdiction are complaints against home improvement contractors for work done in:

Town of Southampton ....call....287-5700 ext. 241  
Town of Easthampton .....call....324-4145  
Town of Shelter Island ....call....749-0772

Complaints against plumbers for plumbing work done in:

Town of Babylon .....call....957-4289  
Town of Huntington .....call....351-3151  
Town of Islip .....call....224-5309  
Village of Lindenhurst .....call....957-7517

For Agency use Only
Complaint Number



**Steve Levy**  
County Executive

**Bruce Dragonette**  
Director

**SUFFOLK COUNTY EXECUTIVE'S OFFICE OF CONSUMER AFFAIRS**

This form is being sent to you in response to your request for assistance from this Department. Please complete the form as soon as possible. Please attach COPIES of appropriate documentation (correspondence, invoices, contracts, and related information). We need this material to try to resolve your complaint. Please use black ink.

**PLEASE PRINT OR TYPE ALL ENTRIES – COMPLETE CONSUMER AND VENDOR INFORMATION**

<b>Consumer Information</b>	<b>Vendor Information</b>
Your Name:	Name of Person or firm complaint is about
Address – Number and Street	Address – Number and Street
City State Zip	City State Zip
Telephone Number (including area code) (Home) (Business)	Telephone Number (including area code)
Your Mailing Address – if different from above	Your Account or Invoice number
	Name of person with whom you dealt at the facility
\$ Amount Disputed	Date of Transaction \$ Amount of Transaction

**NATURE OF COMPLAINT OR PROBLEM: (Attach additional pages if necessary)**

---



---



---



---



---

THE RESOLUTION YOU DESIRE: (Exchange, Refund, Repair, Deposit Returned, ETC.)

Have you complained to any of the following:

To	Check if Yes	Date Contacted	Name
The Company			
An Attorney			
Other Agency			

**PLEASE DO NOT FORGET TO ENCLOSE COPIES (not originals) OF ANY PERTINENT DOCUMENTS.  
SUPPORTING DOCUMENTATION MUST BE ATTACHED BEFORE COMPLAINT CAN BE PROCESSED.**

I UNDERSTAND THAT CONSUMER AFFAIRS MAY SEND A COPY OF THIS FORM AND ANY OR ALL OF THE ENCLOSED INFORMATION TO THE VENDOR OR TO ANOTHER AGENCY FOR RESOLUTION.

I AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL.

Your Signature

Date

**PLEASE NOTE:**  
A FAX OF THIS  
FORM WILL NOT  
BE ACCEPTED

CA-4 REV 3/07

**RETURN FORMS TO:**  
S.C. EXECUTIVE'S OFFICE OF CONSUMER AFFAIRS  
P.O.BOX 6100  
HAUPPAUGE, N.Y 11788-0099  
(631) 853-4600  
[WWW.SUFFOLKCOUNTYNY.GOV](http://WWW.SUFFOLKCOUNTYNY.GOV)